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N164 0024 GNM/SKS

APPLICATION NO. FIRST NAMED INVENTOR ATTORNEY DOCKET NO. CONFIRMATION NO. FILING DATE 8074 Marcelo Daniel Baru Fassio

TITLE OF INVENTION: IMPLANTABLE SIGNAL AMPLIFYING CIRCUIT FOR ELECTRONEUROGRAPHIC RECORDING

APPLN. TYPE	SMALL ENTITY	ISSUE FEE		PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE	
nonprovisional	YES	\$700		\$300	\$1000	12/27/2005	
EXAMINER ART UNIT		IT	CLASS-SUBCLASS				
NASSER, ROBERT L 373		3736		600-544000	•		
1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. The Address of indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required. 3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type) PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been file recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.						hy J. Keefer	
(A) NAME OF ASSIGNEE (B) RESIDENCE: (CITY and STATE OR COUNTRY) Neurostream Technologies Inc. Canada Please check the appropriate assignee category or categories (will not be printed on the patent):							
4a. The following fee(s) are	enclosed:	4b	. Payment of	Fee(s):		·	
XXIssue Fee		X A check in the amount of the fee(s) is enclosed.					
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		The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number 19-1351 (enclose an extra copy of this form).					
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